

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE GEICO PLAZA  
Check if different than previously reported. (ACC) WASHINGTON DC 20076

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00343749 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Michael Campbell

Signature of Treasurer Michael Campbell [Electronically Filed] Date 07 / 07 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period               | COLUMN B<br>Calendar Year-to-Date     |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  | <input type="text" value="64013.52"/> | <input type="text" value="64013.52"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="64013.52"/> |                                       |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="11361.00"/> | <input type="text" value="11361.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="75374.52"/> | <input type="text" value="75374.52"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="7000.00"/>  | <input type="text" value="7000.00"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="68374.52"/> | <input type="text" value="68374.52"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>     |                                       |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 4540.00                       | 4540.00                           |
| (ii) Unitemized .....   | 6821.00                       | 6821.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 11361.00                      | 11361.00                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 11361.00                      | 11361.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 11361.00                      | 11361.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 11361.00                      | 11361.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 7000.00                       | 7000.00                           |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 7000.00                       | 7000.00                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7000.00                       | 7000.00                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 11361.00                      | 11361.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 11361.00                      | 11361.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 6 OF 17  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

|   |                                  |   |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Seth M. Ingall</b>   |                                  | Date of Receipt<br>MM / DD / YYYY<br>04 / 23 / 2015<br><b>Transaction ID : SA11AI.26505</b> |
| Mailing Address 9308 Inglewood Ct   |                                  | Amount of Each Receipt this Period<br>60.00<br>Payroll deduction \$30.00 biweekly           |
| City<br>Potomac   | State<br>MD                      | Zip Code<br>20854   |
| FEC ID number of contributing federal political committee.<br>C   | Aggregate Year-to-Date<br>240.00 |   |
| Name of Employer<br>GEICO   | Occupation<br>SVP                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                  |   |

|   |                                  |   |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Seth M. Ingall</b>   |                                  | Date of Receipt<br>MM / DD / YYYY<br>05 / 21 / 2015<br><b>Transaction ID : SA11AI.26506</b> |
| Mailing Address 9308 Inglewood Ct   |                                  | Amount of Each Receipt this Period<br>60.00<br>Payroll deduction \$30.00 biweekly           |
| City<br>Potomac   | State<br>MD                      | Zip Code<br>20854   |
| FEC ID number of contributing federal political committee.<br>C   | Aggregate Year-to-Date<br>300.00 |   |
| Name of Employer<br>GEICO   | Occupation<br>SVP                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                  |   |

|   |                                  |   |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Seth M. Ingall</b>   |                                  | Date of Receipt<br>MM / DD / YYYY<br>06 / 18 / 2015<br><b>Transaction ID : SA11AI.26507</b> |
| Mailing Address 9308 Inglewood Ct   |                                  | Amount of Each Receipt this Period<br>60.00<br>Payroll deduction \$30.00 biweekly           |
| City<br>Potomac   | State<br>MD                      | Zip Code<br>20854   |
| FEC ID number of contributing federal political committee.<br>C   | Aggregate Year-to-Date<br>360.00 |   |
| Name of Employer<br>GEICO   | Occupation<br>SVP                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. Paul Lavrey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3495 Pleasant Grove Drive  
 City Ijamsville State MD Zip Code 21754-9034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11AI.26543**  
 Amount of Each Receipt this Period 40.00  
 Payroll deduction \$20.00 biweekly

**B. Scott Edward Markel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 514 Waverly Park Drive  
 City Macon State GA Zip Code 31210-7571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Reg VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2015  
**Transaction ID : SA11AI.26573**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction \$25.00 biweekly

**C. Scott Edward Markel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 514 Waverly Park Drive  
 City Macon State GA Zip Code 31210-7571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Reg VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11AI.26574**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction \$25.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. John W McCutcheon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19218 Tattershall Drive  
 City Germantown State MD Zip Code 20874-6246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11AI.26874**  
 Amount of Each Receipt this Period  
 500.00  
 Individual Contribution

**B. John W McCutcheon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19218 Tattershall Drive  
 City Germantown State MD Zip Code 20874-6246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11AI.26607**  
 Amount of Each Receipt this Period  
 40.00  
 Payroll deduction \$20.00 biweekly

**C. John W McCutcheon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19218 Tattershall Drive  
 City Germantown State MD Zip Code 20874-6246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : SA11AI.26608**  
 Amount of Each Receipt this Period  
 40.00  
 Payroll deduction \$20.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 580.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. John W McCutcheon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19218 Tattershall Drive  
 City Germantown State MD Zip Code 20874-6246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 21 / 2015  
**Transaction ID : SA11AI.26609**  
 Amount of Each Receipt this Period 40.00  
 Payroll deduction \$20.00 biweekly

**B. John W McCutcheon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19218 Tattershall Drive  
 City Germantown State MD Zip Code 20874-6246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11AI.26610**  
 Amount of Each Receipt this Period 40.00  
 Payroll deduction \$20.00 biweekly

**C. Paul W Measley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9539 E. Surprise Canyon Ct.  
 City Tucson State AZ Zip Code 85748-3279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Reg Liab Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11AI.26635**  
 Amount of Each Receipt this Period 40.00  
 Payroll deduction \$20.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 10 OF 17   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. Robert Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3025 Amherst Avenue  
 City Dallas State TX Zip Code 75225-7808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : SA11AI.26639**  
 Amount of Each Receipt this Period 60.00  
 Payroll deduction \$30.00 biweekly

**B. Robert Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3025 Amherst Avenue  
 City Dallas State TX Zip Code 75225-7808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : SA11AI.26640**  
 Amount of Each Receipt this Period 60.00  
 Payroll deduction \$30.00 biweekly

**C. Robert Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3025 Amherst Avenue  
 City Dallas State TX Zip Code 75225-7808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : SA11AI.26641**  
 Amount of Each Receipt this Period 60.00  
 Payroll deduction \$30.00 biweekly

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 17                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. Olza Nicely**  
Full Name (Last, First, Middle Initial)

Mailing Address 5830 Pageland Ln

City Gainesville State VA Zip Code 20155-1531

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation President-Insurance operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2015  
**Transaction ID : SA11AI.26661**

Amount of Each Receipt this Period  
200.00

Payroll deduction \$100.00 biweekly

**B. Olza Nicely**  
Full Name (Last, First, Middle Initial)

Mailing Address 5830 Pageland Ln

City Gainesville State VA Zip Code 20155-1531

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation President-Insurance operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2015  
**Transaction ID : SA11AI.26662**

Amount of Each Receipt this Period  
200.00

Payroll deduction \$100.00 biweekly

**C. Olza Nicely**  
Full Name (Last, First, Middle Initial)

Mailing Address 5830 Pageland Ln

City Gainesville State VA Zip Code 20155-1531

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation President-Insurance operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2015  
**Transaction ID : SA11AI.26664**

Amount of Each Receipt this Period  
200.00

Payroll deduction \$100.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 OF 17                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Olza Nicely</b>  |  |                        | Date of Receipt<br>MM / DD / YYYY<br>05 / 21 / 2015<br><b>Transaction ID : SA11AI.26665</b> |
| Mailing Address 5830 Pageland Ln  |  |                        | Amount of Each Receipt this Period<br>200.00<br>Payroll deduction \$100.00 biweekly         |
| City<br>Gainesville   | State<br>VA                                  | Zip Code<br>20155-1531 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |                        |   |
| Name of Employer<br>GEICO   | Occupation<br>President-Insurance operations |                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00          |                        |   |

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Olza Nicely</b>  |  |                        | Date of Receipt<br>MM / DD / YYYY<br>06 / 18 / 2015<br><b>Transaction ID : SA11AI.26666</b> |
| Mailing Address 5830 Pageland Ln  |  |                        | Amount of Each Receipt this Period<br>200.00<br>Payroll deduction \$100.00 biweekly         |
| City<br>Gainesville   | State<br>VA                                  | Zip Code<br>20155-1531 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |                        |   |
| Name of Employer<br>GEICO   | Occupation<br>President-Insurance operations |                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1200.00          |                        |   |

|   |                                    |                        |   |
|---|------------------------------------|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dana Proulx</b>  |                                    |                        | Date of Receipt<br>MM / DD / YYYY<br>05 / 21 / 2015<br><b>Transaction ID : SA11AI.26709</b> |
| Mailing Address 1011 Avery Court, S.W.  |                                    |                        | Amount of Each Receipt this Period<br>50.00<br>Payroll deduction \$25.00 biweekly           |
| City<br>Vienna  | State<br>VA                        | Zip Code<br>22180-6448 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |   |
| Name of Employer<br>GEICO   | Occupation<br>Manager              |                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |                        |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 13 OF 17   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. Dana Proulx**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1011 Avery Court, S.W.  
 City Vienna State VA Zip Code 22180-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 18 / 2015**  
**Transaction ID : SA11AI.26710**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction \$25.00 biweekly

**B. Rhett Rayburn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6651 N. Campbell Ave Apt 237  
 City Tuscon State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 04 / 2015**  
**Transaction ID : SA11AI.26873**  
 Amount of Each Receipt this Period **600.00**  
 Individual Contribution

**C. William Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9413 Brooke Dr  
 City Bethesda State MD Zip Code 20817-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 29 / 2015**  
**Transaction ID : SA11AI.26729**  
 Amount of Each Receipt this Period **250.00**  
 Payroll deduction \$125.00 biweekly

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 14 OF 17   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. William Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9413 Brooke Dr  
 City Bethesda State MD Zip Code 20817-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : SA11AI.26730**  
 Amount of Each Receipt this Period 250.00  
 Payroll deduction \$125.00 biweekly

**B. William Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9413 Brooke Dr  
 City Bethesda State MD Zip Code 20817-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11AI.26731**  
 Amount of Each Receipt this Period 250.00  
 Payroll deduction \$125.00 biweekly

**C. William Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9413 Brooke Dr  
 City Bethesda State MD Zip Code 20817-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : SA11AI.26732**  
 Amount of Each Receipt this Period 250.00  
 Payroll deduction \$125.00 biweekly

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 17                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. William Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 9413 Brooke Dr

City Bethesda State MD Zip Code 20817-2109

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : SA11AI.26733**

Amount of Each Receipt this Period  
 250.00

Payroll deduction \$125.00 biweekly

**B. William Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 9413 Brooke Dr

City Bethesda State MD Zip Code 20817-2109

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : SA11AI.26734**

Amount of Each Receipt this Period  
 250.00

Payroll deduction \$125.00 biweekly

**C. Franklin Kelly Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 15572 Pinehurst Pl

City San Diego State CA Zip Code 92131-4310

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation AVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : SA11AI.26764**

Amount of Each Receipt this Period  
 40.00

Payroll deduction \$20.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 540.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. Joseph Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 Dalwood Meadows  
 City Virginia Beach State VA Zip Code 23455-4369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2015  
**Transaction ID : SA11AI.26818**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction \$25.00 biweekly

**B. Joseph Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 Dalwood Meadows  
 City Virginia Beach State VA Zip Code 23455-4369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11AI.26819**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction \$25.00 biweekly

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 100.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 4540.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Dennis Ross**

Mailing Address 133 South Harbor Dr.

City Venice State FL Zip Code 34285

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 08    |   | 2015      |

Transaction ID : SB23.26878

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Property Casualty Insurers PAC**

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018-3286

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Property Casualty Insurers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 24    |   | 2015      |

Transaction ID : SB23.26876

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Van Hollen for Senate**

Mailing Address 10605 Concord St.  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Van Hollen for Senate**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 08    |   | 2015      |

Transaction ID : SB23.26880

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|         |
|---------|
| 7000.00 |
|---------|

**TOTAL** This Period (last page this line number only)..... ▶

|         |
|---------|
| 7000.00 |
|---------|